

Student Information:

Name of Student:	Date:
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Summer Co-op Program: SHSM Co-op Co-op/OYAP Focus on Youth

Name of Teacher Reference:

Course(s) I have taught this student:

The above student has applied to the Summer School Cooperative Education Program. Your input will assist in determining the eligibility of the student as well as locating an appropriate placement. The students accepted into this program will be representing the HWDSB and themselves in a setting outside of a regular school. Students accepted into any of the above programs must have exhibited the maturity and work habits that will enable them to be successful in this program.

	Poor	Fair	Satisfactory	Good	Excellent
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive attitude towards work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization and work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths/Weaknesses:

Additional Comments:

Teacher Signature: _____ Date: _____

*NOTE: If SHSM student, please confirm which course code the Co-op credit will be attached to: _____